

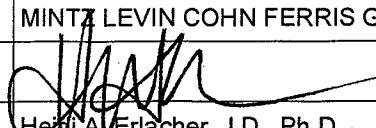
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| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | Patent#: 7,084,120 B2  |
|  |   | Filing Date            | Issued: August 1, 2006 |
|  |   | First Named Inventor   | Hans-Ulrich Demuth     |
|  |   | Art Unit               | 1654                   |
|  |   | Examiner Name          | B. D. Chism            |
| Total Number of Pages in This Submission   | 4 | Attorney Docket Number | 43111-502001US         |

**ENCLOSURES (Check all that apply)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Statement under 37 C.F.R. §3.73(b). |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>  |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.                                     |          |        |
| Signature    |  |          |        |
| Printed name | Heidi A. Erlacher, J.D., Ph.D.  |          |        |
| Date         | November 10, 2011   | Reg. No. | 45,409 |